

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 599356	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2					
4	3					
5	4					
6	5					
7	6					
8	7					
9	8					
10	9					
11	10					
12	11					
13	12					
14	13					
15	14					
16	15					
17	16					
18	17					
19	18		1			
20				1		
21	1				1	
22		1				1
23			1			
24		1				
25	1		1			
26	1			1		
27		1				
28	1					
29	4					
30						
31						
32						
33						
34						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4	↓	4	↓		↓
TOTAL DEP.	30	←	25	←		←
TOTAL CLAIMS	34		29			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						